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APPLICANTS

Bradley T. Hyman, Charlestown, MA;
 Richard Christie, New York, NY;
 Brian Bacskai, Charlestown, MA;
 Watt W. Webb, Ithaca, NY;
 Warren R. Zipfel, Ithaca, NY;

**** CONTINUING DATA *******

This appln claims benefit of 60/245,306 11/02/2000

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
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35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/AMANDA L LAURITZEN/ Examiner's Signature	Initials	MA	26	34	2

ADDRESS

Michael L. Goldman
 NIXON PEABODY LLP
 Clinton Square
 P.O. Box 31051
 Rochester, NY 14603
 UNITED STATES

TITLE

In vivo multiphoton diagnostic detection and imaging of a neurodegenerative disease

FILING FEE RECEIVED 661	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit